POSTMARY HIEGIBLE

Yes No X	nild because they meet all three tests for		eamed" income, or liabilities of a e Committee on Ethics.	EXEMPTION – Heve you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent clexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No N	sed. Have you excluded	ner "excepted trusts" need not be disclo	mmittee on Ethics and certain off dependent child?	TRUSTS – Deteils regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
	TH OF THESE QUESTIONS	- ANSWER BOTH OF TH	DEPENDENT, OR TRUST INFORMATION - ANSWER BO	XCLUSION OF SPOUSE, DEPENDENT, OR TR
	REQUIRED TO COMPLETE		NLY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	YES"	SCHEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCH	ATTACH THE O
Yes No	re than \$5,000 from a	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior yeers?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	ent or errangement with an d or in the current calendar	F. Did you have any reportable agreement or errangement with an outside entity during the reporting period or in the current calendar year up through the deta of filing?	Yes No	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	s during the reporting p through the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calender yeer up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more then \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneemed income from eny reportable asset during the reporting period?
		TIONS	<u> H</u> OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF
A \$200 penalty shall be assessed against any Individual who files more than 30 days late.	A \$200 penalty shall individual who files	Period Covered: January 1, to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
ESENTATIVES (Office Use Only)	U.S. FOUSE OF REPRESENTATIVES (Office Use C	Check if Amendment	54h 15th 2018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:
1:24	18 MAY 24 PM 1: 24		Daytime Telephone	Name: Thaddeus Kiekland
Page 1 of	BOS ATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

RNED INCOME"
Name: I hackley & Kip
King Klay O Page 2 of 1

700	Mayor	Paston	iension.	ABC Hedge Fund X	Examples:	C. Mega Corp Stock	For bank and other cash accounts, total the amount in sell interest-bearing accounts. If the total is over \$5,000, list every financial institution where thera is more than \$1,000 in interest-bearing accounts. For rental end other real property held for investment, provide a complete address or description, e.g., "rental property," and a city end state. For en ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Excluda: Your personal residence, including second homes end vacation homes (unless there was rental income during the reporting period); and eny financial income studies in, or income derived from, a federal retirement program, including the Thrift Savings Plen. If you have a privately-traded fund that is en Excepted Investment Fund, please check the "Elf" box. If you so choose, you may indicate that an asset or income source is thet of your spouse (SP) or dependent child (DC), or jointly field with enyone (JT), in the optionel column on the far left. For a detailed discussion of Schedule A requirements, asse refer to the instruction booklet.	For all IRAs and other retrement plans (such est 401(k) plans) provide the value for each asset held in the account that exceeds the raporting thresholds.	Provide complete names of stocks and multual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market velue exceeding \$1,000 et the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "uneamed" income during the year.	Assets and/or Income Sources	BLOCK A
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						×	DIVIDENDS		for assets held in taxable 'None' if the asset gene during the reporting period.	2 1 5 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
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				Partnership	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		for assets held in taxable accounts. Check "Nons" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that general a tax-deferred income (such as 40°(fk), IFA, or 529 eccounts), you may check the "Tex-Deferred" column. Dividends, interest, and capital gains, aven if reinvested, must be disclosed as income		
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1	<u> </u>		_		+-		\$1,001-\$2,500	P	Š	For assets for which you checked "Tax-Deferred" in Block C, you may check the "assets indicate the category of income by checking the appropriate box below, capital gains, even if reinvested, must be disclosed as income for assets Check "None" if no income was earned or generated. "Column Yill is for assest hald by your spouse or depondent shild in which you have		
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Name: Phaddens Kiekl

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SCHEDULE C - EARNED INCOME

	Namo: Ihadler Kirkler
	Page 4 of 4
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List the source, type, and amount of eemed income from any source (other then the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and emount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House peyroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary reletionship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Civil War Noundtable (Oct. 2) Challed Foundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$75,000
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Mayor of Chater			1/1,000.°=
Vension From House of Ropescathative		R	76,000,00
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SCHEDULE D - LIABILITIES

Name:	
Page of	

Report liabilities of over \$10,000 owed to any one creditor et eny time during the reporting period by you, your spouse, or your dependent child. Merk the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or era a Member); loens secured by eutomobiles, household furniture, or eppliances; liabilities of a business in which you own en interest (unless you are personally liable); end liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge eccount (i.e., credit cerd) only if the belence at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC. JT		
			1	Example			
				First Bank of Wilmington, DE	Creditor		
	ļ			5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, OE	Type of Liability		
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					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

political entities (such es political parties end campeign organizations); end positions solely of an honorary riature. New Members and second-yeer candidates report positions held in the reporting period end the current calendar year. First-yeer candidates end new employees report positions held in the current calendar year end two previous years. Report all positions, compensated or uncompensated, as en officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of eny corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or

		Position
		Name of Organization